

253801

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Timothy Riley dba Riley & Sons Moving Co
COPY

Filed: lod
Dept: SA-10RS
Date: 12/10/14

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014-472-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Timothy Riley Time: 12:54 Telephone: 843-460-2475

Address: 1240 Appleton Dr. Unit 107 Fax: _____

Mt. Pleasant S.C.

Other: _____

Email: RileyMovingCoSC@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

DEC 10 2014

PSC SC
MAIL/DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

lod

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
 MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 8-18-14

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
 (list counties) _____

Amended Scope:
 (list counties) _____

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FSC SC
 MAIL / DMS

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Riley & Sons Moving Co.

1240 Pittman Dr. Mt. Pleasant S.C. 29464
 Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-460-2479
 Phone

FAX

RileyMovingLowCountry@gmail.com
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Kevin Riley - 8701 Torresdale Avenue, Philadelphia, PA 19136

Thomas Riley - 8701 Torresdale Avenue, Philadelphia, PA 19136

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☒ Yes ☐ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2014

Assets:

Cash	203,242
Receivables	
Real Estate	
Buildings and Equipment (Net)	2,255
Motor Vehicles (Net)	12,500
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	71,500
Total Assets *	289,497
<u>Liabilities and Equity:</u>	
Accounts Payable	6,014
Notes Payable	75,430
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	81,444
Capital Stock (20,000 PLUS 61,000 ADD'L PAID IN)	81,000
Retained Earnings (267,053 LESS 140,000 TREAS. STOCK)	127,053
Total Equity	208,053
Total Liabilities and Equity *	289,497

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

SEE ATTACHED

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

RILEY & SONS MOVING**LOCAL HOURLY RATES- EFFECTIVE 05-27-2013****MONDAY TO FRIDAY*7 AM TO 5 PM**

TRUCK & 2 MEN = \$80.00 PER HOUR
 TRUCK & 3 MEN = \$110.00 PER HOUR
 TRUCK & 4 MEN = \$140.00 PER HOUR
 TRUCK & 5 MEN = \$170.00 PER HOUR

SATURDAY OR AFTER 5:01 PM

TRUCK & 2 MEN = \$99.00 PER HOUR
 TRUCK & 3 MEN = \$135.00 PER HOUR
 TRUCK & 4 MEN = \$171.00 PER HOUR
 TRUCK & 5 MEN = \$207.00 PER HOUR

*******RETAIL/CARRIER PACK*******

Dishpack.....	\$17.75
Grandfather Clock Box.....	\$50.00
1.5.....	\$3.80
3.0.....	\$5.45
4.5.....	\$6.45
6.0.....	\$8.15
Wardrobe.....	\$13.95
Mirror Carton.....	\$14.40
CRATES.....\$11.50 PER CUBIC FOOT ** MINIMUM \$46.00	
Lamp.....	\$8.40
Bubble Wrap.....	\$1.25 per foot
Tote.....	\$5.00
MATTRESS BAGS.....TWIN.....	\$9.20
	DOUBLE.....\$11.50
	QUEEN.....\$13.80
	KING.....\$16.10

ADDITIONAL SERVICES

DEBRIS REMOVAL (other than move date)-TWO HOUR MINIMUM @ \$50.00 PER HOUR PLUS ONE HOUR TRAVEL CHARGE @ \$50.00 ****VAN & 1 MAN = \$50.00

CARTON DELIVERY FEE - \$40.00 PLUS COST PER BOX

SHRINK WRAP.....OTTOMAN- \$10.00 EACH
 UPHOLSTERED CHAIR- \$15.00 EACH
 UPHOLSTERED LOVESEAT- \$20.00 EACH
 UPHOLSTERED SOFA- \$25.00 EACH

******* OVERNIGHT HOLD- \$250.00 PER NIGHT*******

BULKY ARTICLES:

POOL TABLE.....	\$50.00
LARGE SAFE.....	\$50.00
SPINET PIANO.....	\$50.00
UPRIGHT PIANO.....	\$50.00
BABY GRAND.....	\$100.00
GRAND/CONCERT.....	\$100.00
JACUZZI.....	\$100.00

JUNGLE GYMS ***APPLICABLE HOURLY RATE APPLIES*******

PARKING PERMIT.....\$30.00

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

Cargo Insurance \$ _____

Limits _____

* Attach Certificate of Insurance if available.

SEE ATTACHED FORM

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



CERTIFICATE OF LIABILITY INSURANCE

JOSE-14

OP ID: KW

DATE (MM/DD/YYYY)

08/19/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Selzer Company 975 Easton Road, Suite 100 Warrington, PA 18976 Robert M. Smith, Jr., CPCU		Phone: 215-491-2700 Fax: 215-491-2707	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED Joseph P. Riley & Sons Moving Company, Inc. 8701 Torresdale Ave, Bldg C-2 Philadelphia, PA 19136		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Zurich Ins</td> <td>40142</td> </tr> <tr> <td>INSURER B: American Guarantee & Liability</td> <td>26247</td> </tr> <tr> <td>INSURER C: Zurich American Ins Co</td> <td>16535</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Zurich Ins	40142	INSURER B: American Guarantee & Liability	26247	INSURER C: Zurich American Ins Co	16535	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Zurich American Ins Co	16535																
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY		9815557-00	10/02/13	10/02/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		9815557-00	10/02/13	10/02/14	GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMPI/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					Emp Ben. \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
C	<input checked="" type="checkbox"/> HIRED AUTOS		9815557-00	10/02/13	10/02/14	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> comp/coll					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
B	UMBRELLA LIAB		9815557-00	10/02/13	10/02/14	EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED					\$
	RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC 4381158-01	04/13/09	04/13/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ)					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Inland Marine		9815557-00	10/02/13	10/02/14	Cargo 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER JOSEPH P. RILEY & SONS MOVING CO., INC. 8701 TORRESDALE AVE., BLDG C 2 PHILA, PA 19136	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

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Exhibit Fit, Willing, and Able (FWA)

Joseph P. Riley & Sons Moving Co. Inc.
Name

85429

U.S.D.O.T No.

270994

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 POST OFFICE DRAWER 11649
 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]

Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

PENNA
 STATE OF SOUTH CAROLINA)

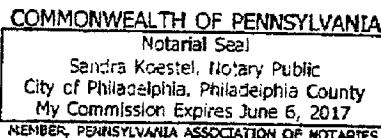
COUNTY OF *Phil*)

SWORN TO BEFORE ME

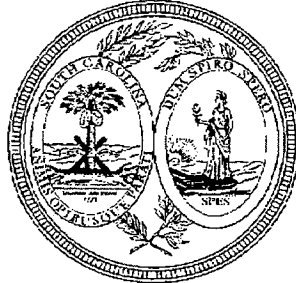
This *25th* day of *August*, 20*14*

Sandra Koestel
 Notary Public

Commission Expires *6-6-2017*



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RILEY & SONS MOVING COMPANY, LLC, A Limited Liability Company duly organized under the laws of the State of PENNSYLVANIA, and issued a certificate of authority to transact business in South Carolina on November 24th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
5th day of December, 2014.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State



Riley and Sons Moving & Storage

9800 Ashton Road

Philadelphia, PA 19114

Phone: (215)-331-8470 Fax: (215)-331-8475

Email: rileymoving1@verizon.net

FAX COVER

DATE: December 8, 2014

ATTENTION: Tricia DeSanty

FAX: (803)-896-5199

FROM: Bill

PHONE: 215-342-0228

FAX: 215-331-8475

PAGES: 1 of 4

COMMENTS:

Please see attached our company's articles of incorporation.

Also, please note our change of address above

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

JUNE 11, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

JOSEPH P. RILEY & SONS MOVING COMPANY, INC.

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania
do hereby certify that the foregoing and annexed is a true and correct
copy of

ARTICLES OF INCORPORATION filed on November 8, 1993
which appear of record in this department.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth

Profile Number _____

Filed with the Department of State on NOV 08 1993Entity Number 20553510

 Secretary of the Commonwealth

ARTICLES OF INCORPORATION

DSCB:15-1306/2102/2304/2701/2903/7701 (Rev 89)

Indicate type of domestic corporation (check one):

☐ Business-stock (15 Pa.C.S. § 1306)☐ Management (15 Pa.C.S. § 2701)☐ Business-nonstock (15 Pa.C.S. § 2102)☐ Professional (15 Pa.C.S. § 2903)☒ Business-statutory close (15 Pa.C.S. § 2304)☐ Cooperative (15 Pa.C.S. § 7701)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned, desiring to incorporate a for-profit corporation hereby state that:

1. The name of the corporation is: JOSEPH P. RILEY & SONS
MOVING COMPANY, INC.

2. The (a) address of this corporation's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) 1007 LANSING ST. PHILA PA 19111

Number and Street

City

State

Zip

County

(b) c/o: _____
 Name of Commercial Registered Office Provider _____
 County _____

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

The aggregate number of shares authorized is: 10 (other provisions, if any, attach 8 1/2 x 11 sheet)

The name and address, including street and number, if any, of each incorporator is:

Name _____ Address _____

JOHN S. RILEY 1000 BROADWAY BLVD PHILA PA 19124

The specified effective date, if any, is: _____
 month day year hour, if any

Any additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

Statutory close corporation only: Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "Public Offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77A et seq.).

DSCB:15-1306/2102/2304/2701/2903/7701 (Rev 89)-2

9. ~~Cooperative corporations only:~~ (Complete and strike out inapplicable term) The common bond of membership among its members/shareholders is: _____

IN TESTIMONY WHEREOF, the incorporator(s) has (have) signed these Articles of Incorporation this 5th day of

November, 1973.

[Signature]

(Signature)

(Signature)